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LOW LEVEL OF CONSISTENCY BETWEEN QUALITATIVE (NCEP-II) AND QUANTITATIVE METHODS TO RECOMMEND PHARMACEUTICAL TREATMENT OF HYPERCHOLESTEROLEMIA IN INDIVIDUALS WITHOUT CORONARY HEART DISEASE

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OBJECTIVE: The objective of this study was to assess consistency between qualitative (NCEP-II) and quantitative methods used to recommend cholesterol reduction in individuals without coronary heart disease in Spain. **METHODS:** Qualitative (NCEP-II) and quantitative recommendations for cholesterol reduction were applied to individuals without coronary heart disease (n = 304) studied in a random sample of the adult population of Catalonia aged > years. Pharmaceutical treatment of hypercholesterolemia should be recommended for individuals with a LDL cholesterol concentration >190 mg/dl or 160–189 mg/dl with at least two other risk factors based on the NCEP-II method, and to individuals with a coronary heart disease risk in 10 years >20% based on the quantitative method. Dietary treatment should be recommended for those detected with the NCEP-II method and for those with a coronary heart disease risk in 10 years >10%. Concordance between both the qualitative and quantitative method was assessed using the Kappa index. **RESULTS:** Pharmaceutical treatment of hypercholesterolemia should be recommended in 20,0% of men and 20,1% of women based on the NCEP-II method and to 24% of men and 33,1% based on the quantitative method. Concordance was low (Kappa = 0,31) in men and moderate (Kappa = 0,45) in women between the qualitative and quantitative method. Hypercholesterolemia >240 mg/dl was the main factor explaining recommendations based on the NCEP-II method (ORadj = 64), while age, hypertension and hypercholesterolemia explained recommendations based on the quantitative method. **CONCLUSION:** Results obtained in this study showed a low concordance between qualitative and quantitative methods to recommend cholesterol reduction in individuals without coronary heart disease.

PCV53

INFLUENCE OF THREE HYPERTENSION GUIDELINES ON RATES OF TREATMENT INDICATION

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OBJECTIVES: Three current guidelines for the management of hypertension (JNC-VI 1997, WHO/ISH 1999, BHS 1999) were compared with respect to their potential impacts on rates of treatment indication. **METHODS:** After systematic comparisons, the divergent recommendations of the three guidelines were operationalized. Specific complex algorithms were developed for each guideline to calculate the percentage of the population with an indication for antihypertensive treatment (= indication rates). Each guideline-specific algorithm was applied to 10.460 men and women aged 35–74 from a representative sample of the WHO-MONICA-Augsburg study population. The computation was performed in groups according to the risk strata of the three guidelines. Additionally age-, gender- and blood-specific indication rates were calculated. **RESULTS:** Each guideline uses complex but different structures for the determination of treatment indications. Generally, men had a higher treatment rate than women independent of guideline applied. Within each age decade, the guideline specific indication rates differed by about five percent points. The age-specific differences decreased with higher age within JNC, were stable within WHO and increased within the BHS-guideline. There were significant differences of indication rate by blood pressure categories below 160/90 mm Hg. **CONCLUSION:** Different stringent conditions of antihypertensive treatment indications are based on differing influences of blood pressure, age and gender as potential risk factors. The different risk stratifications may lead to highly divergent economic consequences.

PCV54

SMOKING CESSATION: RELEVANCE IN THE UNDER 25 GROUP

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OBJECTIVE: As part of an "outcomes program" on smoking cessation, we thought it relevant to evaluate in smokers under 25 years of age the obstacles to cessation, the level of dependency, the knowledge of tobacco dependency and the propensity to pay for cessation treatment. **METHOD:** For this pilot phase, an anonymous questionnaire was distributed in the "Student" supplement of a French regional weekly newspaper (Tarn Libre). **RESULTS:** Obstacles to cessation: lack of willpower (51%), enjoyment of smoking (32%), force of habit (46%). The level of dependency on tobacco was evaluated using the Fagerström test: 48% had low dependency, 48% moderate dependency and 2% high dependency. In general, our sample population had a good general knowledge and understanding of tobacco use (number of premature deaths per year, percentage of smokers in France, cost of tobacco for health insurance). Average daily tobacco expenses were €2.3 (roughly corresponding to an average consumption of 10 cigarettes/day), and the subjects declared themselves ready to pay around €83 to stop smoking (€157 in older adults). This figure is relatively low and is explained without doubt by an underestimation of the potential risks of tobacco dependency.

CONCLUSION: Young people are a population whose dependency level is mainly low or moderate, a fact that enables—with appropriate but generalised mobilization (doctor, educator, pharmacist, family)—a smoking cessation attempt to succeed.

PCV55

SMOKING DEPENDENCY: AUDIT CARRIED OUT AMONG THE UNDER 25 GROUP

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OBJECTIVE: As part of an environment program (outcomes program) on smoking cessation, it seemed interesting to study young smokers under the age of 25. **METHOD:** A special questionnaire was distributed to them via the "Student" supplement of a French regional weekly newspaper (Tarn Libre), which they were asked to return by post. **RESULTS:** The first results concerned the first 50 questionnaires returned. Average age: 17.5 years; average weight: 56 kilos; average height: 1,67 m. In our sample, 92% were students, 86% declared themselves to be exposed to other people's smoke and only 37% said they took part in a sporting activity. Age at which tobacco dependency began was 13 years; 98% smoked cigarettes—versus 2% a cigar or pipe); the average daily consumption was 10 cigarettes; of these, 65% wished to stop smoking, but only 38% had already made an attempt at smoking cessation. Only 30%, however, said that they had been asked spontaneously by their doctor about their desire to stop smoking (minimum advice) In the Fagerström test, 48% had low or no dependency; 48% had moderate dependency and only 2% had heavy dependency. **CONCLUSION:** This pilot study confirmed that tobacco dependency is occurring at an increasingly early age; that tobacco dependency in young people is low or moderate, and that there is little management of tobacco dependency in young people by doctors.

PCV56

ALLOCATION OF RESOURCES BETWEEN SMOKING CESSATION METHODS AND PHARMACEUTICAL TREATMENT OF HYPERCHOLESTEROLEMIA BASED ON COST-EFFECTIVENESS AND THE SOCIAL WELFARE FUNCTION

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OBJECTIVE: The objective of the health system is to achieve an efficient and equitable allocation of scarce health resources. In this study, a particular social welfare function was used to decide the optimal allocation of resources between smoking cessation methods (medical advice, nicotine gum and nicotine patches) for smokers and 20–80 mg/day lovastatin (HMG-CoA reductase inhibitor) for individuals with hypercholesterolemia. **METHODS:** Parameter epsilon determining the exact form of the social welfare function is >0 when society has aversion to inequality in the distribution of health gains between two patient groups, while it is equal to 0 when there is no aversion. This parameter was determined using a questionnaire to assess preferences concerning the efficiency-equity trade-off in a group of health managers. Based on these preferences, a higher priority should be given to the preventive intervention associated with a value of epsilon consistent with that from the social welfare function. **RESULTS:** A value of epsilon = 1.6 was obtained for the social welfare function. Values of epsilon obtained for different preventive interventions were 2.9–1.8 for medical advice for smoking cessation and 20–80 mg/day lovastatin, 0.9–0.15 for nicotine gum and 20–80 mg/day lovastatin, and 0 for nicotine patch for smoking cessation and 20–80 mg/day lovastatin. The highest value of epsilon was obtained for the intervention using medical advice for smoking cessation and 20 mg/day lovastatin for hypercholesterolemia, with 2.9 in men and 2.4 in women. A higher priority should be given to the intervention using medical advice for smoking cessation and 20–80 mg/day lovastatin for hypercholesterolemia than to interventions using nicotine substitution therapies and 20–80 mg/day lovastatin. **CONCLUSION:** Lovastatin treatment of hypercholesterolemia should have a higher priority than nicotine substitution therapies for smoking cessation based on cost-effectiveness and the social welfare function.

PCV57

IMPLICATIONS OF TREATMENT GUIDELINES: WHAT STATINS DO WE REALLY NEED?

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OBJECTIVES: New treatment recommendations describe aggressive lipid-lowering goals to maximize cardiovascular-event risk reduction for a broad population. This analysis determined what statin doses would be required to achieve treatment goals in a Canadian population. **METHODS:** Canadian treatment guidelines were reviewed and combined with population-based data on blood lipid levels to determine the percentage reduction in LDL-C required to achieve treatment goals. Efficacy of statins was determined from the literature. The statin dose required for patients to achieve LDL-C reduction goal was reported. **RESULTS:** The Canadian 1985–1990 Heart Health Surveys reported that 18% of men and 17% of women had high blood lipid levels, with a total cholesterol ≤6.2 mmol/L (corresponding to an approximate LDL-C level ≤4.7 mmol/L). Canadian guidelines dictate that adults with very high risk of cardiovascular events (those with a history of cardio-